

## IS CLASSWORK JUSTIFIED?

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Whether certain sets of exercises are given individually or in classes of two or more patients necessitates the study of various features. The justification of either form of treatment depends firstly on the disease or condition of the patient, and secondly, consideration must be given to age, sex, and personality.

In planning a class, each potential member should as far as possible belong to approximately the same age group. This fact is particularly important with young children. When dealing with older children and adults it is ideal, too, to segregate patients of similar sex in separate classes. Each individual of a class must also be temperamentally suitable in order to be able to cooperate fully without any degree of self-consciousness.

For inclusion in a group for class exercises patients must be suffering from similar diseases or lesions; and they must also have reached an equivalent stage in the progression of their malady. The total number of a class must be such that the physiotherapist is able to give adequate attention to each member. Six patients constitute an ideal sized class; and personal experience would show that nine is the maximum number manageable by one physiotherapist in the average time available for each session. Larger classes are, of course, possible when one physiotherapist conducts the class and another gives individual assistance to patients who find difficulty in maintaining the average standard of the class. As a general rule, only as many patients as can be watched closely should be included in a class.

It is ideal for a patient to be taught and supervised individually before inclusion in a class. Not only can the physiotherapist previously ensure that the patient understands the aim of each exercise, but suitability for group work may be well assessed beforehand. For example, a patient's proficiency in the performance of breathing

exercises after chest surgery may only be assessed individually.

Patients suffering from similar conditions who could be eligible for class work may be listed as follows:

1. Women who are attending for antenatal and postnatal instruction.
2. Patients who require treatment for specific chest diseases, such as asthma and bronchiectasis.
3. Patients who have sustained a paraplegic injury of lower motor neurone origin.
4. Patients suffering from symptoms of osteoarthritis of knees, shoulders, or hips.
5. Patients who, due to injury, have an internal derangement of the knee joint.
6. Patients who have similar postural defects, such as flat feet and slump stance.
7. Patients who require treatment for posttraumatic joint stiffness.
8. Patients who have the "frozen shoulder" syndrome.
9. Patients who are listed for fenestration surgery, before and after operation.
10. Patients who require mobilization for all joints except those in a specific fracture region, while undergoing a period of immobilization for that fracture.
11. Ward patients who are ordered exercises to maintain general muscle tone, until they become ambulatory.

There are, of course, certain individuals who, by the nature of their disease or lesion, or because of their psychological unsuitability, are quite ineligible for classwork. For example, during the first few days after an operation, a patient is not well enough to join in class instruction. Those patients who find difficulty in concentrating on exercises, or those who require to exert a great deal of thought in order to execute a movement, will gain little benefit from this form of treatment.

Similarly, patients requiring a limited number of closely supervised exercises

under direct supervision will only be adequately treated individually. Examples of such conditions are patients who have poliomyelitis, congenital foot deformities, or those who have had plastic repair for some injury such as nerve or tendon repair, or grafting to burns. Some patients, because of their condition, are quite unsuitable for classwork due to their emotional instability. Examples of these are patients who have hemiplegia or cerebral palsy, those who are suffering from disseminated sclerosis or peripheral neuritis of alcoholic origin. An attempt was made to manage a class of ambulatory adult patients suffering from hemiplegia, but it proved most unsatisfactory. These people, particularly in the early period, are quite unstable emotionally, and they require constant individual attention and encouragement.

Provided there has been adequate assessment and careful selection, there are several advantages in teaching certain sets of exercises in classes. Firstly, the patient himself sees that his is not a peculiar problem and that others, too, have similar diseases or disabilities. This view naturally engenders a more normal and balanced approach to both receiving and executing treatment. Secondly, for the patient whose treatment will necessarily be carried out over a lengthy period of time, classwork provides a competitive strain. The patient is more aware of the necessity to work hard at his exercises in order to keep up with the rest of the class. Thus the possibility of improvement is great if a high standard is set by the physiotherapist. The competitive aspect is well illustrated by postural classes for the correction of similar postural defects. For patients can see their own defects in other class participants, and note on others the improvements necessary for the achievement of good posture. Thirdly, classes present a medium of discussion of progress. This may be between

the physiotherapist and patient, or with children, between physiotherapist and parent, or even between the patients themselves. This factor again encourages the sane rather than the morbid approach to disease or a disability.

Sir Clement Price, an eminent surgeon of the Brompton Hospital, London, recently drew attention to the advantages of utilizing classwork. He sums up these advantages as being primarily a tremendous saving in specialist time. He points out, too, that with ward patients an added advantage is that the patient may leave the ward to attend a class in the physiotherapy department and may join in a class with out-patients. Thus he is reminded of his future role in the outside world and in his home and family. Sir Clement Price also comments on the development of the competitive aspect of classwork tending to increase individual enthusiasm and to prevent the unique attitude which a patient tends to develop about himself.

In conclusion, it would appear that classwork provides a useful and sometimes an ideal form of exercise instruction; and this is particularly useful in public hospitals where a great number of patients with similar conditions can be grouped together. The success of class instruction will only be possible, of course, if a conscientious assessment of each patient is made beforehand.

#### *Summary.*

1. The type of patient who may benefit from classwork is discussed as to his eligibility, both psychologically and physically.
2. The unsuitability of certain types of patients for participation in class exercises is discussed from each angle.
3. The advantages of utilizing classwork are listed, stressing that previous assessment of the potential class member must have been made thoroughly.